



## Networkfleet Account Transfer Request Form

This document serves as the formal request to transfer all devices associated with \_\_\_\_\_ from GSA Fleet (GSAF001) to \_\_\_\_\_, effective \_\_\_\_\_. \* I am an authorized representative of GSA Fleet (GSAF001) and confirm that \_\_\_\_\_ has satisfied all contractual obligations with GSA Fleet (GSAF001).

Acquiring Customer:	Current Account Holder:
Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: <u>Vehicle Monitoring Program Manager</u>
Date Signed: _____	Date Signed: _____
Contact Address: _____	Contact Address: <u>1800 F St. NW, Wash., D.C 20405</u>
Contact E-Mail: _____	Contact E-Mail: _____

Networkfleet, Inc.	
Signature:	_____
Name:	_____
Title:	_____
Date Signed:	_____
Contact Address:	_____
Contact E-Mail:	_____

\*Effective date for active devices must be received by the Contract Compliance Team no later than the 16<sup>th</sup> of the month for activation on the 1<sup>st</sup> of the following month.